SERIAL NO. MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USB WITH FORM PTO-875) FILING DATE APPLICANT(S) 09/869207 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>15</u> Transition. :3 TAL TOTAL IND. TAL TOTAL DEP. \*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS. U.S. DEPARTMENT of COM-

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